

COMMUNICABLE DISEASE
LAWS AND REGULATIONS

FOR THE

DISTRICT OF COLUMBIA.

000 Health dept.



DEPARTMENT OF HEALTH
300 Indiana Avenue, N. W.
Washington 1, D. C.

1947

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FOR THE
DISTRICT OF COLUMBIA



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Health Officer

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AN ACT

To authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Commissioners of the District of Columbia are hereby authorized and empowered to promulgate and enforce all such reasonable rules and regulations as they may deem necessary to prevent and control the spread of communicable and preventable diseases in the District of Columbia, including the authority and power to provide for the isolation, quarantine, and restriction of the movements of persons affected by or believed, upon probable cause, to be affected by communicable disease and of persons who are or are believed, upon probable cause, to be carriers of communicable disease.

SEC. 2. The words "communicable disease" when hereinafter used shall mean such communicable diseases as the Commissioners by regulation shall designate as such.

SEC. 3. Whenever the Health Officer has probable cause to believe that any person is affected with any communicable disease or is a carrier of communicable disease and that the continuance of such person in the place where he may be is likely to be dangerous to the lives or health of other persons, or that by reason of the noncooperation or carelessness of such person the public health is likely to be endangered, the Health Officer may by written order direct the removal by any designated officer or employee of the Health Department or by any member of the Metropolitan Police force of such person to and the detention of such person in any place or institution in the District of Columbia designated by the Health Officer, or any institution located without the District of Columbia which may be designated by the Health

Officer and which is under the supervision of the government of the District of Columbia or any agency thereof. Such officer, employee, or member so designated in such order shall take such person into his custody and shall remove such person to such place or institution as may be designated in such order. Such officer, employee, or member shall immediately make known to such person the contents of such order, and also shall deliver to such person a true copy of such order.

SEC. 4. A copy of the order provided for in section 3 hereof shall be delivered to the person in charge of such place or institution to which the person taken into custody may be removed and shall constitute the authority for the detention of such person in such place or institution until such order expires or until such person is discharged in the manner set forth in this section or section 5 of this Act. Such order shall expire forty-eight hours (exclusive of Sundays and holidays) after such officer, employee, or member shall take into his custody such person as provided in section 3, unless it shall be continued in force and effect by a judge of the Municipal Court for the District of Columbia, or unless such detained person shall stipulate in writing that the order be continued in force and effect. Such order shall be continued in force and effect if it shall appear to said judge by affidavit that the probable cause, required by section 3, exists. If the judge continue in force and effect the order of the Health Officer, the judge at that time shall set a date for a hearing upon the question of whether the person detained is at the time of such hearing affected with any communicable disease or is a carrier of communicable disease and, if so affected, upon the further question whether his release would be likely to endanger the lives or health of any other person. If such person be not sooner discharged such hearing shall be had within ten days of the date of the order of the court continuing in force and effect the order of the Health Officer unless such hearing be continued by the court, or unless the detained person shall, in writing, waive such hearing, which waiver shall be filed with the court. Such hearing shall be in or out of the presence of the detained person, in the discretion of the court. If, after such hearing, the court shall

find that the detained person is not affected with any communicable disease and is not a carrier of communicable disease, or that the discharge of such person, even though affected with, or a carrier of, a communicable disease is not likely to endanger the lives or health of any other person the court shall order such detained person to be discharged, otherwise the court shall continue in force and affect the order of the Health Officer until such person be discharged in the manner set forth in section 5 of this Act. If a minor is detained pursuant to this section or section 7 hereof, or is found guilty and sentence is suspended as provided in section 10 hereof, and such minor is in need of treatment for the communicable disease with which he is affected or of which he is a carrier, the court is empowered to authorize the Health Officer to administer such treatment or cause the same to be administered. No person under eighteen years of age detained under sections 3, 4, 5, or 7, shall be detained in a room in which a person over that age is so detained.

SEC. 5. It shall be the duty of the Health Officer to make or cause to be made by a physician such examination or examinations of such person as may be necessary to determine the existence or nonexistence of such communicable disease in such person or whether such person is a carrier of communicable disease. The diagnosis resulting from such examination or examinations shall be reduced to writing and signed by such examining physician within ten days after the removal of such person to such place or institution and a copy thereof shall be filed in the office of the person in charge of such place or institution and a copy in the office of the Health Officer. If such diagnosis does not disclose that such person is affected with such communicable disease or that such person is a carrier of communicable disease, such person shall be discharged from such place or institution forthwith. If the diagnosis does disclose that such person is affected with such communicable disease or that such person is a carrier of communicable disease, the person in charge of the place or institution to which the infected person has been removed shall, subject to the provisions of section 4, detain such person for such reasonable time as may be fixed by regulation under the authority of this Act as

is deemed necessary in the interest of public health and safety for the isolation, quarantine, and restriction of movement of persons affected by the particular communicable disease or of persons found to be carriers of the particular communicable disease, unless sooner discharged by the Health Officer or the Municipal Court. A person so detained, however, may apply at any time to the person in charge of such place or institution for his discharge, and the person in charge of such place or institution shall deliver the application for discharge to the Health Officer, who shall give to such person an opportunity to be heard before the Health Officer. If after hearing held by the Health Officer, the Health Officer be of the opinion that such person is not affected with such communicable disease and that such person is not a carrier of communicable disease, then such person shall be discharged. If denied his discharge such detained person may apply to the Municipal Court for the District of Columbia for such discharge and the hearing on such application shall be in or out of the presence of the detained person, in the discretion of the court. Only such persons as have a direct interest in the case and their representatives shall be admitted to any hearing held pursuant to this section or section 4 of this Act: *Provided*, That if the detained person shall request a public hearing then the general public shall be admitted thereto.

SEC. 6. It shall be unlawful for a person detained in a place or institution pursuant to an order of the Health Officer to leave said place or institution unless discharged in the manner provided in sections 4 or 5 of this Act.

SEC. 7. (a) In aid of the powers vested in the Health Officer to cause the removal to and detention in a place or institution of a person who is affected or is believed, upon probable cause, to be affected with any communicable disease or is believed, upon probable cause, to be a carrier of communicable disease as provided in this Act, the Municipal Court for the District of Columbia, or any judge thereof, is authorized to issue a warrant for the arrest of such person and his removal to a place or institution as defined in section 3 of this Act, which warrant shall be directed to the Major and Superintendent

of Police. When such person has been removed to such place or institution under authority of a warrant issued pursuant to this section, such person shall not be discharged from such place or institution except in the manner provided in section 5.

(b) No such warrant of arrest and removal shall be issued except upon probable cause supported by affidavit or affidavits particularly describing the person to be taken, which said affidavit or affidavits shall set forth the facts tending to establish the grounds of the application or probable cause for believing that they exist.

(c) A warrant may in all cases be served by the Major and Superintendent of Police or by any officer or member of the Metropolitan Police, but by no other person, except in aid of the officer on his requiring it, he being present and acting in its execution.

(d) The officer may break open any outer or inner door or window of a house, or any part of a house, or anything therein, to execute the warrant, if, after notice of his authority and purpose, he is refused admittance.

(e) A warrant must be returned to the court within ten days after its date; after the expiration of this time the warrant, unless executed, is void.

(f) It shall be the duty of the said court to maintain and keep records of all warrants issued and the returns thereon.

SEC. 8. The Health Officer may, without fee or hindrance, enter, examine, and inspect all vessels, premises, grounds, structures, buildings, and every part thereof in the District of Columbia for the purpose of carrying out the provisions of this Act and the regulations issued hereunder. The owner or his agent or representative and the lessee or occupant of any such vessel, premises, grounds, structure, or building, or part thereof, and every person having the care and management thereof shall at all times when required by any such officer or employee give them free access thereto and refusal so to do shall be punishable as a violation of this Act.

SEC. 9. It shall be unlawful for any person knowingly to obstruct, resist, oppose, or interfere with any person performing any duty or function under the authority of this Act or any regulation promulgated thereunder.

SEC. 10. Any person who violates any of the provisions of section 6, 8, or 9 of this Act shall be punished by a fine of not more than \$300 or by imprisonment for not longer than ninety days, or both such fine and imprisonment, in the discretion of the court. The Commissioners of the District of Columbia shall have power to prescribe penalties of fine not to exceed \$300 or imprisonment not to exceed ninety days, or both, in the discretion of the court for the violation of any regulation promulgated under this Act. All prosecutions for violations of this Act or the regulations promulgated thereunder shall be in the Criminal Division of the Municipal Court for the District of Columbia, in the name of the District of Columbia upon information filed by the corporation counsel of the District of Columbia or any of his assistants. The court may impose conditions upon any person found guilty under the aforesaid provisions and so long as such person shall comply therewith to the satisfaction of the court the imposition or execution of sentence may be suspended for such period as the court may direct; and the court may at or before the expiration of such period vacate such sentence or cause it to be executed. Conditions thus imposed by the court may include submission to medical and mental examination, diagnosis, and treatment by proper public health and welfare authorities or by any licensed physician approved by the court, and such other terms and conditions as the court may deem best for the protection of the community and the punishment, control, and rehabilitation of the defendant. The Health Officer of the District of Columbia, the Metropolitan Police force, and employees of the Board of Public Welfare are authorized and directed to perform such duties as may be directed by the court in effectuating compliance with the conditions so imposed upon any defendant.

SEC. 11. With respect to all persons who, either on behalf of themselves or their minor children or wards, rely in good faith upon spiritual means or prayer in the free exercise of religion to prevent or cure disease, nothing in this Act shall have the effect of requiring or giving any health officer or other person the right to compel any such person, minor child or ward, to go to or be confined in a hospital or other medical institution unless no other place for

quarantine of such person, minor child or ward can be secured, nor to compel any such person, child or ward to submit to any medical treatment.

SEC. 12. Wherever the term "Health Officer" is used in this Act it shall mean the Health Officer of the District of Columbia and his duly authorized agents.

SEC. 13. Each and every provision of this Act shall be construed liberally in aid of the powers vested in the public authorities looking to the protection of the public health, comfort, and welfare and not by way of limitation.

SEC. 14 (13). This Act shall take effect from and after ninety days after its passage and approval, and from and after the expiration of said period the following Acts are hereby repealed:

An Act entitled "An Act to prevent the spread of contagious diseases in the District of Columbia," approved March 3, 1897 (29 Stat. 635);

An Act entitled "An Act for the prevention of scarlet fever, diphtheria, measles, whooping cough, chicken pox, epidemic cerebrospinal meningitis, and typhoid fever in the District of Columbia," approved February 1, 1907 (34 Stat. 889);

An Act entitled "An Act to provide for registration of all cases of tuberculosis in the District of Columbia, for free examination of sputum in suspected cases, and for preventing the spread of tuberculosis in said District," approved May 13, 1908 (35 Stat. 126); and

An Act entitled "An Act for the prevention of venereal diseases in the District of Columbia, and for other purposes," approved February 26, 1925 (43 Stat. 1001).

[Act approved August 11, 1939 (53 Stat. 1408) as amended by an act approved August 8, 1946 (Public 664, 79th Congress, Chapter 871 - 2nd Session).

[The Act approved August 8, 1946, amended the Act approved August 11, 1939, by adding at the end of Sec. 1 the words beginning with "including the authority"; by striking out Sec. 2 of said Act and inserting Sections 2 through 13; and by erroneously renumbering Sec. 3 of the Act approved August 11, 1939, as Sec. 13. This latter section is shown herein as Sec. 14 (13).]

GOVERNMENT OF THE DISTRICT OF COLUMBIA

EXECUTIVE OFFICE

Washington

Ordered:

That pursuant to the authority contained in "An Act to authorize the Commissioners of the District of Columbia to make Regulations to prevent and control the spread of communicable and preventable diseases," approved August 11, 1939, and amended August 8, 1946, the following regulations are hereby made and adopted.

REGULATIONS TO PREVENT AND CONTROL THE SPREAD OF COMMUNICABLE AND PREVENTABLE DISEASES

SECTION 1. *Definitions.*—The following definitions shall apply to certain words and terms in these regulations:

(a) *Health Officer.* — The term "Health Officer" means the Health Officer of the District of Columbia and his duly authorized agents.

(b) *Communicable Disease.*—A communicable disease for the purpose of these regulations means:

- Amebiasis (amebic dysentery)
- Ancylostomiasis (hookworm)
- Anthrax
- Botulism
- Chancroid
- Chickenpox (varicella)
- Cholera (Asiatic)
- Conjunctivitis (ophthalmia neonatorum)
- Conjunctivitis (suppurative, pink eye)
- Diarrhea (epidemic of children and adults)
- Diarrhea (epidemic of the newborn)
- Diphtheria
- Diphtheria carrier
- Dysentery (amebiasis or amebic)
- Dysentery (bacillary)
- Encephalitis (infectious)
- Erysipelas

Food infection (salmonellosis)
 Food poisoning (staphylococcus intoxication)
 German measles (rubella or r  theln)
 Glanders
 Gonorrhea
 Granuloma inguinale
 Hemorrhagic jaundice (Weil's disease)
 Impetigo contagiosa
 Influenza
 Kerato-conjunctivitis
 Leprosy
 Lymphocytic choriomeningitis
 Lymphogranuloma venereum
 Malaria
 Measles (rubeola)
 Meningitis (meningococcus, meningococemia)
 Mumps (epidemic parotitis)
 Paratyphoid fever
 Plague (bubonic and pneumonic)
 Pneumonia (including virus pneumonia)
 Poliomyelitis (infantile paralysis)
 Psittacosis (parrot fever)
 Rabies in animals
 Rabies in man
 Rheumatic fever (acute)
 Rocky Mountain spotted fever
 Scarlet fever (scarlatina)
 Smallpox (variola)
 Staphylococcal infections
 Streptococcal infections (septic sore throat, erysipelas and puerperal sepsis)
 Syphilis
 Tetanus
 Trachoma
 Trichinosis
 Tuberculosis
 Tularemia
 Typhoid carrier
 Typhoid fever
 Typhus fever (louse-borne)
 Typhus fever (murine)
 Undulant fever (Malta fever)
 Whooping cough (pertussis)
 Yellow fever

(c) *Communicable Disease Carrier*.—A communicable disease carrier means a person who harbors in

his body the infectious agent of a communicable disease, but who, at the time, is apparently in good health. For the purpose of these regulations, communicable disease carrier means:

Typhoid carrier
 Paratyphoid carrier
 Diphtheria carrier
 Amebic dysentery carrier
 Gonorrhea carrier
 Meningococcus carrier
 Syphilis carrier

(d) *Infectious Agent*.—Infectious agent means a living micro-organism or virus capable, under favorable conditions, of causing a communicable disease. Infectious agent also means "germ," "organism," "micro-organism," and "virus."

(e) *Contact*.—A contact means a person or animal that has been sufficiently near a person suffering from a communicable disease, a communicable disease carrier, or an animal or object harboring the infectious agent to make possible the direct or indirect transmission of the infectious agent to him.

(f) *Susceptible*.—A susceptible is a person or animal who is not known to have become immune to the particular disease in question by natural or artificial process.

(g) *Restriction of Movement*.—Restriction of movement means the limitation of an individual in his or her association with persons not known to be immune to the communicable disease in question.

(h) *Isolation*.—Isolation means the limitation of freedom to a specified room or rooms of a person who is suffering from, or suspected of suffering from, a communicable disease, or who is a communicable disease carrier, and the exclusion of all persons except attendants from association with such a person.

(i) *Quarantine*.—Quarantine means the limitation of freedom to a specified room, building, or area of any person or animal exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease to which they have been exposed, or until found free from infection by laboratory methods, and the exclusion of susceptibles from association with such person or animal.

(j) *Placard*.—A placard is an official notice, written or printed, and posted by the Health Officer as a warning of the presence of a communicable disease on the premises.

(k) *Disinfection*.—Disinfection is the process of destroying the vitality of disease-producing organisms or virus by physical or chemical means.

(l) *Renovation*.—By renovation is meant, in addition to cleansing, such repapering, painting, whitewashing, or other alteration of such part of a human habitation as the Health Officer may deem to be necessary to place the same in a satisfactory and sanitary condition.

(m) *Cleansing*.—Cleansing signifies the removal of infectious material by scrubbing, washing, and exposure to sunlight and air.

(n) *Food Handler*.—The term food handler means any person engaged in the preparation, manufacture, storage, sale, exchange or delivery of food, drink, confectionary or condiment for man, or who comes in contact with any eating, drinking or cooking dishes or utensils employed in the service of such commodities to others.

SECTION 2. *Reporting of Communicable Diseases and Communicable Disease Carriers.*

(a) It shall be the duty of persons in charge of hospitals, institutions, dispensaries, and public and private bacteriological, pathological and x-ray laboratories, and of physicians, parents, guardians, and other persons in charge of, or making examination in connection with persons affected with or suspected of having a communicable disease or being a communicable disease carrier to report within 24 hours the existence of such communicable disease, or suspected communicable disease, or communicable disease carrier to the Health Officer. Such report shall be in writing and shall contain the full name, address, age, sex, race, and place of work or school of the person affected in addition to the name of the communicable disease, suspected disease, or communicable disease carrier, and the name and address of the physician who referred the patient or transmitted the specimen for examination, except in the case of chancroid, gonococcal infections, and syphilis, the name of the person affected may be referred to by

number. Whenever a physician elects to report by number instead of by name, he shall be required to keep a record of the case in question in his files under a corresponding number.

It shall be the duty of physicians or other persons in charge of persons affected with or suspected of the following communicable disease to report by telephone forthwith the existence of such disease in addition to a report in writing:

- Anthrax
- Cholera (Asiatic)
- Diphtheria
- Epidemic Diarrhea of the newborn
- Food poisoning or infection
- Leprosy
- Plague, bubonic and pneumonic
- Poliomyelitis
- Psittacosis
- Rabies
- Scarlet fever
- Smallpox
- Typhoid fever
- Typhus fever (louse-borne)
- Yellow fever

(b) In cases of death from cholera (Asiatic) diphtheria, plague (bubonic or pneumonic), scarlet fever, or smallpox (variola), or typhus fever (louse-borne) it shall be the duty of the physician issuing the certificate of death to give immediate notice of such death to the Health Officer.

(c) All public and private laboratories shall keep a record of findings showing evidence of communicable diseases which shall be available for inspection at any reasonable time by the Health Officer.

(d) *Duty of Every Person to Report.*—When no physician is in attendance, it shall be the duty of every person having knowledge of any person afflicted with any disease apparently or presumably communicable, to report at once to the Health Department all facts in relationship to the illness of any such person.

(e) It shall be the duty of every veterinarian or other person who discovers any dog or other animal to be suffering with rabies to report such fact immediately to the Health Officer. Such report shall

give the name, if known, and the place of residence of the person owning or harboring such dog or other animal, the place where the dog or other animal can be found, and the license number, if any there be. Any report made to the Police Department shall be forthwith communicated to the Health Officer by such Department. Like report shall be made by any doctor or other person who has knowledge of a person being bitten by a dog or other animal, which report shall include also the name, address, age, sex, and race of the person bitten.

SECTION 3. *Duties of Physicians in Attendance of Persons Affected with Communicable Disease.*—It shall be the duty of every physician, immediately upon discovery of a person having or suspected of having a communicable disease, or of being a communicable disease carrier to establish isolation of such person, to report the case to the Department of Health, to acquaint the parent or other attendant in charge of such person with the rules regarding limitation of movement, isolation, or quarantine, as provided for in Section 6.

It shall be the duty of any physician or hospital treating or caring for a person with a communicable disease to report forthwith the name, address and other relevant information to the Health Officer when such persons are delinquent in treatment, when they violate isolation or quarantine, or when there is any change of address.

SECTION 4. *Investigation of Communicable Disease and Communicable Disease Carriers and Other Sources of Infection by the Health Officer, and Isolation or Restriction of Movement of Such Cases and Carriers, and Eradication of Sources of Infection.*—

(a) Upon receiving a report of the existence of a case, or suspected case of a communicable disease, or of a communicable disease contact or carrier or of a suspected communicable disease contact or carrier, the Health Officer shall make such investigation as he may deem necessary for the purpose of determining the source of infection and for the restriction of movement, isolation, or quarantine of such case or contact or carrier, and to this end may enter upon and inspect any public or private property in the

District of Columbia. The Health Officer shall at his discretion make such investigations of sources of infections and upon probable cause to believe that vectors of disease or sources of infection have been identified, the Health Officer shall institute such preventive measures as he may deem necessary to eradicate vectors of communicable disease and infectious sources forthwith. Any person having or suspected of having a communicable disease, any person who is a communicable disease carrier, or contact, or any person who is suspected of being a communicable disease carrier or contact shall, when directed by the Health Officer, submit to an examination for the purpose of determining the existence of a communicable disease. Such persons shall submit specimens of body secretions, excretions, body fluids, and discharges for laboratory examinations when so directed by the Health Officer.

(b) Upon receiving a report of the existence of diphtheria and scarlet fever, a placard that will, in conspicuous type, name the disease for which restriction of movement or isolation is established, shall be posted at the main entrance in the case of private homes, and at the entrance of the apartment, in the case of apartments or multiple dwellings, and persons are prohibited from entering or leaving premises so placarded unless specifically authorized to do so by the Health Officer. At the discretion of the Health Officer, a placard may be posted on the premises occupied by persons affected with other communicable diseases. No placard so posted by the Health Officer shall be mutilated, defaced, obliterated, concealed, or removed, except by authorization of the Health Officer.

SECTION 5. Requirements for the Isolation or Restriction of Movement of Persons Affected with Certain Communicable Diseases, Communicable Disease Carriers, and Contacts of Such Cases and Carriers.—

(a) Any person affected with diphtheria, meningococcus meningitis, poliomyelitis, scarlet fever, tuberculosis, or typhoid fever must have a room or rooms for his or her exclusive use, except for authorized attendants when giving nursing or medical care, and all infectious body secretions, excretions, and discharges, all eating and drinking utensils, and

all infectious bed linen, personal linen, and garments used by such person shall be disinfected.

(b) Whenever the Health Officer has probable cause to believe that any person is affected with or is a carrier of diphtheria, bacillary dysentery, meningococcus meningitis, poliomyelitis, scarlet fever, smallpox, streptococcus sore throat, tuberculosis, typhoid fever, syphilis, chancroid, granuloma inguinale, lymphogranuloma venereum, gonorrhea, or any other communicable disease, and that such person is likely to be dangerous to the lives or health of any other persons because of improper facilities or the lack of facilities for isolation, or that by reason of his or her non-cooperation or carelessness including but not restricted to his or her refusal to submit to examination or refusal to be properly treated or cared for, is likely to be a danger to public health, he (the Health Officer) shall issue an order to the Major and Superintendent of Police, or to any designated officer or employee of the Health Department, for the removal of such person to a hospital or other place designated by the Health Officer, and the Health Officer shall forthwith make an examination of such person and prepare and sign a written report of the medical findings, and file a copy of the same in the office of the superintendent of such hospital or other place and a copy in the office of the Health Officer. Such further proceedings shall be had as may be required by Sections 4 and 5 of the Communicable Disease Act of August 11, 1939, as amended August 8, 1946.

SECTION 6. *Specific Rules Governing the Restriction of Movement, Isolation, Quarantine, and Release from Restriction of Movement, Isolation or Quarantine of Persons Affected with Communicable Diseases, Communicable Disease Carriers, and Contact of Such Cases or Carriers.*—Any person affected with a communicable disease or who is a communicable disease carrier or contact, shall comply with the requirements set forth opposite the name of the communicable disease with which such person is affected or of which he is a carrier or with which he was in contact.

Amebiasis (Amebic Dysentery).—See *Dysentery (Amebiasis or Amebic)*.

Ancylostomiasis (Hookworm).—No restriction of movement.

Anthrax.—Isolation of the infected person until the lesions have healed. Concurrent disinfection of the discharges from lesions and articles soiled therewith by steam under pressure or by burning.

Botulism.—No restriction of movement.

Chancroid.—Same procedure as set forth under syphilis.

Chickenpox (Varicella).—Restriction of movement of the persons affected to the house for 10 days and until all scabs are removed. No restrictions of contacts.

Cholera (Asiatic).—Isolation of patient in a hospital. Quarantine of contacts until found free from infection.

Conjunctivitis (Ophthalmia Neonatorum). — Restriction of movement to the premises.

Conjunctivitis (Suppurative, Pink Eye).—Restriction of movement to the premises.

Diarrhea (Epidemic of Children and Adults).—Isolation of the patient, exclusion as food handlers and in the care of children until recovery.

Diarrhea (Epidemic of the Newborn).*—Immediate removal of sick babies to an isolation room. Sick isolated babies shall be cared for by separate medical and nursing personnel. The nursery shall be closed to new admissions and the maternity service shall be renewed only on approval of the Health Officer.

* The following procedure in formula laboratories in hospital nurseries is recommended. It may be designated "The Chilled Method of Preparing Formula":

- (1) Autoclave all equipment.
- (2) Autoclave formula stock water, cool to room temperature and *chill* overnight in refrigerator.
- (3) Record temperature of refrigerator at 9 a. m. and 1 p. m. Temperature should be set for 40° C. and at no time go above 50° C.
- (4) It is desirable that the formula laboratory should not be required to make more than three different formulae.
- (5) Practice good bacteriological laboratory technique in making formulae and culture 24-hour

formula to determine effectiveness of aseptic procedures and refrigeration.

(6) The average count of 24-hour formula should not be more than 500 bacteria per c.c. and no single count should be more than of 10,000. Good procedure gives counts of less than 5. Counts over 100,000 is a danger signal indicating errors in aseptic or mechanical procedures and result in occasional loose stools. Counts of 1,000,000 or over point to a possible outbreak of infant diarrhea.

Another more recent procedure for the preparation of safe formulae for infants is that of autoclaving the bottles and their formula contents by the high pressure—low temperature method.

*Diphtheria*¹.—Isolation of the patient until two successive negative diphtheria cultures from his nose and throat have been obtained, taken not less than 24 hours apart. The last of these cultures shall be taken by the Health Officer. If a culture taken after the patient has been in isolation for 21 days is found positive, it shall be tested for virulence and if found avirulent the patient shall be released.

Restriction of contacts.—In cases where the patient is isolated at home and the contacts remain on the premises, the contacts shall be cultured at the time of placarding the premises and if found negative, the contacts shall not be quarantined but shall be excluded from school and from employment as food handlers. When a patient, isolated at home, is released therefrom, a culture shall be made by the Health Officer of each contact and if found negative such contact shall be certified for school or work. If the patient is removed to a hospital or contacts of a patient move from the premises, the Health Officer shall make cultures of each contact and when such cultures prove to be negative, the contact from whom such negative culture was taken shall be certified for school or for work.

Whenever culture of contacts prove to be positive, the contact from whom such positive culture was obtained shall be subject to the same requirements as the patient.

All cultures shall be taken from both nose and throat.

¹ See also Section 5.

*Diphtheria Carrier*¹.—Same as for diphtheria, except that virulence test may be applied immediately.

Dysentery (Amebiasis or Amebic).—Disinfection of bowel discharges and exclusion from employment as a food handler.

Dysentery (Bacillary).—Isolation of the infected person during the period of communicability or until recovery.

Encephalitis (Infectious).—Isolation of the person affected during the acute stage of the disease, or until subsidence of active symptoms.

Erysipelas.—See *Streptococcus Infections*.

Food Infection (Salmonellosis).—Exclusion of patients or carriers from food handling and occupations involving the care of children until clinical recovery.

Food Poisoning (Staphylococcal Intoxication). — No restriction of movement.

German Measles (Rubella or R  theln).—Restriction of movement during acute stage of the disease and until 7 days following onset of symptoms.

Glanders.—Isolation of the person infected during the acute stage of the disease.

Gonorrhea.—Restriction of movement, or when ordered by the Health Officer, isolation, quarantine, placarding, or removal to a hospital, the same to continue until, in the opinion of the Health Officer, clinical and bacteriologic cure has been obtained as judged by the complete absence of signs and symptoms of the disease including negative laboratory findings.

Granuloma Inguinale.—Same procedure as set forth under syphilis.

Hemorrhage Juandice (Weil's Disease).—No restriction of movement.

Impetigo Contagiosa.—Exclusion from school and from other children.

Influenza.—Isolation of the person affected during the acute stage of the disease.

Kerato-conjunctivitis. — Limited restriction of movement. Disinfection of conjunctival and nasal discharges and articles soiled therewith.

¹ See also Section 5.

Leprosy. — Isolation of bacteriologically positive case until removal to a leprosarium.

Lymphocytic Choriomeningitis.—No restriction of movement.

Lymphogranuloma Venereum.—Same procedure as set forth under syphilis.

Malaria.—Persons with malarial parasites in their blood shall be protected from bites of mosquitoes.

Measles (Rubeola).—Isolation of the patient and exclusion from school for 7 days from date of onset. Exclusion of non-immune contacts from school for 14 days from the onset of the first case in the home. Immune contacts may live at home and attend school provided the parent certifies in writing to the school principal that the contact has previously had a well defined attack of measles. No restrictions on adult household contacts, provided they are not in attendance on the ill patient.

*Meningitis*¹ (*Meningococcus, Meningococcemia*).—Isolation of the patient until 14 days after the onset of the disease or until negative swabs are obtained from the nasopharynx. No quarantine or exclusion of contacts.

Mumps (Epidemic Parotitis).—Isolation of the patient for 7 days and until the swelling has subsided.

*Paratyphoid Fever*¹.—Same as for typhoid fever.

*Plague*¹ (*Bubonic and Pneumonic*).—Isolation of the patient in a hospital. Quarantine of contacts for 6 days.

Pneumonia (Including Virus Pneumonia).—Isolation of the patient during the acute stage of the disease.

*Poliomyelitis*¹ (*Infantile Paralysis*).—Isolation of the patient for 14 days following the onset. No quarantine or exclusion from school of contacts.

Psittacosis (Parrot Fever).—Isolation of the patient during the febrile period of the disease. All buildings which housed birds may not be reoccupied until thoroughly cleansed and disinfected.

Rabies in Animals.—Whenever the Health Officer has reason to believe that any dog or other animal has been exposed to a dog or other animal which

¹ See also Section 5.

was diagnosed as having rabies at the time of death, the Health Officer shall give notice to the owner or possessor of the exposed dog or other animal, and the owner or possessor thereof shall quarantine the said dog or other animal on the premises or on the leash of the owner or possessor thereof, or, if deemed necessary by the Health Officer, at a place designated by him for a period of sixty days following the discovery that the dog or other animal was exposed to a rabid dog or other animal, and the quarantined dog shall be available for observation by the Health Officer or his agent for symptoms of rabies. The said dog or other animal shall not be released or disposed of during the sixty-day quarantine period and if death should intervene during this period, the body shall be disposed of through the Health Officer for rabies examination.

Any dog or other animal which has bitten a person shall be confined on the premises of the owner or possessor thereof, or, if deemed necessary by the Health Officer, at a place designated by him, for a period of not less than 10 days following said discovery that said dog or other animal has bitten any person, and the animal shall be available to the Health Officer or his agent, who shall make the necessary examinations to determine the presence or absence of symptoms of rabies. The said dog or other animal shall not be released nor disposed of during the 10-day period of observation, and if death should intervene during this period, the body shall be disposed of through the Health Officer for rabies examination.

Rabies in Man.—Concurrent disinfection of the saliva from the person affected.

Rheumatic Fever (Acute).—No restriction of movement.

Rocky Mountain Spotted Fever.—No restriction of movement.

*Scarlet Fever*¹ (*Scarlatina*).—Isolation of patients, if uncomplicated, for 14 days from onset or until all discharges have ceased. Non-immune contacts and the patients are certified for school by the Health Officer when the patient is released. Non-immune contacts may return to school 7 days after removal from the placarded premises, if certified by the

¹ See also Section 5.

Health Officer. Immune contacts may live at home and attend school provided the parent certifies in writing to the Health Officer that the contact has previously had an illness diagnosed as scarlet fever by a licensed physician. No restrictions on adult household contacts, provided they are not in attendance on the patient.

Smallpox (Variola).—Hospital isolation for three weeks or until the period of infectivity is past. Quarantine of all contacts until vaccinated with a potent vaccine and daily medical inspection of these contacts until the height of the reaction has passed, if vaccination was performed within 24 hours of the first exposure; otherwise 16 days.

Staphylococcal Infections.—No restriction of movement.

Streptococcal Infections (Septic Sore Throat; Erysipelas and Puerperal Sepsis).—Isolation until free of symptoms.

Syphilis.—Restriction of movement, or when ordered by the Health Officer, isolation, placarding, or removal to a hospital, the same to continue until, in the opinion of the Health Officer, such person has received sufficient treatment, as judged by recognized standards, to render him or her non-infectious.

Tetanus.—No restriction of movement.

Trachoma.—Exclusion of the patient from school.

Trichinosis.—No restriction of movement.

*Tuberculosis*¹.—Restriction of movement or when ordered by the Health Officer, isolation, placarding or removal to a hospital, the same to continue until, in the opinion of the Health Officer, the tuberculous process is no longer active as judged by recognized diagnostic procedures, which shall include history, physical examination, x-ray, and accepted laboratory procedures.

Tularemia.—No restriction of movement.

*Typhoid Carrier*¹.—Restriction of movement. It shall be the duty of every typhoid carrier to comply with the following requirements:

(a) Authentic stool or urine specimens shall be submitted as often as may be required by the Health Officer. Such typhoid carrier shall report

¹ See also Section 5.

in person or in writing, monthly, to the Department of Health, giving his home address, occupation, and place of employment, if any.

(b) Such typhoid carrier shall not handle food, drink, dishes, or utensils that are to be used by others, nor engage in the work of nursing the sick or caring for children.

(c) Such typhoid carrier shall notify the Department of Health promptly of any change of address or place of employment, whether temporary or permanent.

(d) All stools shall be disinfected immediately with chloride of lime, creosol, or other disinfectant approved by the Health Officer, except when stools are passed into water flushed and sewer-connected toilets.

*Typhoid Fever*¹.—Isolation of person affected until two successive cultures of the stool and urine specimens, collected not less than 5 days apart, shall prove to be negative to the infectious agent. Such specimens shall be obtained when the temperature of the person affected has been normal for one week. Contacts who are food handlers shall be prohibited from work until two negative specimens of stool and urine, taken not less than 24 hours apart, have been obtained after all contact with the person affected has broken.

Typhus Fever (Louse Borne).—Isolation until deloused and no longer infectious. In the presence of lice, exposed susceptibles shall be deloused and quarantined for 5 days after the last exposure.

Typhus Fever (Murine).—No restriction of movement.

Undulant Fever (Malta Fever).—No restriction of movement.

Whooping Cough (Pertussis).—Separation of the patient from susceptible children, exclusion from school until three weeks after onset of typical paroxysms, and exclusion from public places and streets unless accompanied by an adult to prevent contact with other children.

¹ See also Section 5.

Yellow Fever.—Isolation of the patient and positive protection from mosquitoes during the period of illness.

SECTION 7. *Food Handlers.*—Food handlers must be free of communicable diseases in a communicable stage.

SECTION 8. *General Rules for Release of Persons Affected by Communicable Disease and Terminal Cleansing of Premises Occupied by Such Persons.*—Upon release from isolation or removal to a hospital, the room or rooms occupied by the person affected with diphtheria, meningococcus meningitis, poliomyelitis, scarlet fever, smallpox, tuberculosis, or typhoid fever, shall be given a cleansing in a manner prescribed by the Health Officer. No such room or rooms shall be occupied by any other person until disinfected, cleansed or renovated in a manner approved by the Health Officer.

SECTION 9. *Movement of Persons Affected with Communicable Disease.*—No person affected with chicken pox, cholera, diphtheria, measles mumps, meningococcus meningitis, poliomyelitis, scarlet fever, smallpox, or whooping cough shall ride or be transported in a common carrier or public conveyance such as railway trains, streetcars, buses, or taxicabs. Transportation may be made by the Health Department ambulance.

SECTION 10. *Confidential Record.*—The reports of persons suffering from tuberculosis or the venereal diseases required by these regulations shall be used for statistical and public health purposes only and the Health Officer shall not disclose the identity of the persons so reported except under order of court.

SECTION 11. *Bacteriological and Serological Laboratories.*—Communicable disease specimens shall be submitted to the Health Department laboratory for diagnosis only by physicians licensed to practice medicine in the District of Columbia, and the laboratory findings shall be reported direct to the physician who submitted the specimen.

SECTION 12. Burial of Bodies of Persons Affected with Certain Communicable Diseases.

(a) It shall be the duty of every undertaker or funeral director to give immediate notice to the Health Officer when he is engaged to perform services in connection with the preparation or burial of the body of a person who died from the following diseases:

Cholera (Asiatic)

Diphtheria

Plague (bubonic and pneumonic)

Scarlet Fever

Smallpox (variola)

Typhus Fever (louse-borne)

No undertaker shall expose, or assist in the exposure of the dead body of any such person, and shall immediately place the body in a coffin or casket and permanently close the same. A casket with a glass plate is permissible. Bodies of persons dead from the above diseases shall be removed direct from place of death to the place of burial. Provided, however, when the public health will be benefited thereby, a removal permit may be issued for transportation of such body to a place designated by the Health Officer.

(b) It shall be unlawful for the undertaker to permit or for any person to attend the funeral of one who has died of any of the above diseases, other than the adult members of the immediate family or household and those whose presence is necessary to the conduct of the funeral, when the services are held on the premises.

(c) The funeral services for the burial of a person who has died of any one of the above-listed diseases shall be private, provided, however, that public services may be held in the cemetery at the place of burial.

(d) The body of any person dead from any of the diseases listed in paragraph (a) of this section shall be disposed of by burial, cremation, or by the transportation beyond the limits of the District of Columbia for burial or cremation not later than the second day following the day of death.

SECTION 13. *Penalty.*—Any person who violates any of the provisions of these regulations shall, on conviction thereof, be punished by a fine not exceeding \$300 or by imprisonment for not exceeding ninety days, or by both such fine and imprisonment, in the discretion of the court.

Approved April 30, 1947:

JOHN RUSSELL YOUNG,
GUY MASON,
BRIG. GEN. GORDON R. YOUNG,
Commissioners of the District of Columbia.

Attest:

G. M. THORNETT,
Secretary, Board of Commissioners.

ADMISSION TO ISOLATION HOSPITAL

Pay and Free Patients

During the usual office hours—8:15 a.m. to 4:45 p.m.—make application through the Bureau of Communicable Diseases of the Health Department. Phone NAtional 6000, branch 2129, and during all other hours and on Saturday, Sunday and holidays apply directly to the Admission Office, Gallinger Hospital. Phone NAtional 6000, branch 8114.

AMBULANCE SERVICE

When arrangements have been completed for the removal of a contagious case to the hospital, the Health Department will issue the necessary order to its Ambulance Service for the transfer. Communicable disease patients shall be moved in the Health Department ambulance.

HEALTH DEPARTMENT LABORATORY FACILITIES

Outfits for diphtheria, gonorrhea, syphilis, tuberculosis, and pneumonia may be obtained at the Health Department culture tube stations.

Special containers for stool, urine, and blood, cultures for typhoid, blood culture tubes for pneumonia, and food and water containers, may be obtained at the Health Department Laboratory.

LIST OF CULTURE TUBE STATIONS

NAME

ADDRESS

NORTHWEST

Health Department	Municipal Center Building, Rooms 6128, 1025
Brightwood Pharmacy	5916 Georgia Avenue
Corwin, H. L.	1701 Eye Street
Gilman, Z. D.	627 Pennsylvania Avenue
Higger's Drugs	5015 Connecticut Avenue
Hilton	1033 22nd Street
Millender Prescription Pharmacy	1409 S Street
People's Drug Store	18th St. and Columbia Rd.
People's Drug Store	3220 14th Street
Petworth Pharmacy	4201 Georgia Avenue
Pinkett, R. D.	1300 New Jersey Avenue
Service Pharmacy	1100 14th Street
Service Pharmacy	826 17th Street
Tipton & Myers	1400 14th Street

NORTHEAST

Bradley's Pharmacy	701 Maryland Avenue
Northeast Prescription Drug Store	4248 Benning Road

SOUTHWEST

Judd's Pharmacy	7th and F Streets
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SOUTHEAST

Fairfax Village Pharmacy	3827 Pennsylvania Avenue
Fealey, M. S.	11th St. and Penn. Avenue
Good Hope Pharmacy	1400 Good Hope Road



